24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

FEC IDENTIFICATION NUMBER ▼

C C00504530

Check if ☒ 24-hour report   ☐ 48-hour report   ☒ New report   ☐ Amends report filed on   M M / D D / Y Y Y Y

Full Name of Payee
Connection Strategy

Mailing Address P.O. Box 2192

City	State	Zip Code
Arlington	VA	22202

Purpose of Expenditure
Phone calls

Category/Type 004

Date of Public Distribution/Dissemination
M M 04 / D D 08 / Y Y Y Y 2017

Amount
15000.00

Transaction ID : 001
Date of Disbursement or Obligation
M M 04 / D D 10 / Y Y Y Y 2017

Name of Federal Candidate
Thompson, James, , ,

☐ Support
☒ Oppose

Office Sought: ☒ House   District: 04
☐ President   ☐ Senate   State: KS

Calendar Year-To-Date
Per Election for Office Sought   15000.00

Disbursement For: ☐ Primary   ☐ General
2017   ☒ Other (specify) ▶ Special General

Full Name of Payee
Connection Strategy

Mailing Address   P.O. Box 2192

City	State	Zip Code
Arlington	VA	22202

Purpose of Expenditure
Phone calls

Category/Type 004

Date of Public Distribution/Dissemination
M M 04 / D D 08 / Y Y Y Y 2017

Amount
15000.00

Transaction ID : 002
Date of Disbursement or Obligation
M M 04 / D D 10 / Y Y Y Y 2017

Name of Federal Candidate
Estes, Ron, , ,

☒ Support
☐ Oppose

Office Sought: ☒ House   District: 04
☐ President   ☐ Senate   State: KS

Calendar Year-To-Date
Per Election for Office Sought   30000.00

Disbursement For: ☐ Primary   ☐ General
2017   ☒ Other (specify) ▶ Special General

(a) SUBTOTAL of Itemized Independent Expenditures... ▶   30000.00

(b) SUBTOTAL of Unitemized Independent Expenditures .... ▶

(c) TOTAL Independent Expenditures... ▶   30000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,
_____   _[Electronically Filed]_
Signature

Date M M 04 / D D 09 / Y Y Y Y 2017